

CANCELLATION OF POLICY

Policy Number _____ Named Insured _____

Broker _____ Date of Cancellation _____

The undersigned acknowledges the cancellation of the above numbered policy and agrees that all liability of the _____ is hereby terminated. Return premium is to be calculated pursuant to the Statutory Conditions of the policy.

Signature of the Insured _____

This document must be signed before credit can be given.